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NOVEMBER 5, 2007 MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

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OCT 29 2007 000 0CT 29, 2007 MICHAEL W. DOSBINS CLERK, U.S. DISTRICT COURT

Larry Martin	_ - - ·	
(Enter above the full name of the plaintiff or plaintiffs in this action)	07CV6100 JUDGE DARRAH MAG.JUDGE NOLAN	
Officer Moss	(To be supplied by the <u>Clerk of this Court</u>)	
and any John Doe Officers and State	5	
Attorney.		
(Enter above the full name of ALL defendants in this action. Do not use "et al.")		
CHECK ONE ONLY:		
COMPLAINT UNDER THE U.S. Code (state, county, or	HE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 r municipal defendants)	
COMPLAINT UNDER TH 28 SECTION 1331 U.S. Co	ECONSTITUTION ("BIVENS" ACTION), TITLE ode (federal defendants)	
OTHER (cite statute, if kno	; own)	
	INT. PLEASE DEEED TO UNIONDA	

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

So Cal, Sornia, Chica IL 60608

ľ.	Plai	ntiff(s):
	A.	Name: Lavoy Mart
	В,	List all aliases:
	C.	Prisoner identification number: 2006-604-5305
	D,	Place of present confinement: Cook Country Dep. of correction
	E.	Address: P.O. Box 089002-Chicago, IL 60608
	(If the I.D. :	nere is more than one plaintiff, then each plaintiff must list his or her name, aliases, number, and current address according to the above format on a separate sheet of r.)
II.	(In A	ndant(s): A below, place the full name of the first defendant in the first blank, his or her ial position in the second blank, and his or her place of employment in the third c. Space for two additional defendants is provided in B and C.)
	A.	Defendant: Mya 19088
		Title: Police Officer Badge No. # 10791
		Place of Employment: 71018. Cottage Grove, Chicall, 60629
	B.	Defendant: John Doe
	•	Title: OSSICE
	, •••	Place of Employment: 7101 S. Cottage Goare, Chile 72 10629
	C.	Defendant: States Afformen - John Doc
		Title: Storte'S Attached

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Place of Employment:

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES () NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES () NO ()

- C. If your answer is YES:
 - 1. What steps did you take?

No Bojevance can be filed

2. What was the result?

- 3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)
- D. If your answer is NO, explain why not:

If yo	our answer is YES:
1.	What steps did you take?
	
2.	What was the result?

A.	Name of case and docket number: Section 1993 07-C-
В.	Approximate date of filing lawsuit: 12-6-06
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants: Mr. Turper and Mror M.
E.	Court in which the lawsuit was filed (if federal court, name the district; if s court, name the county):
F.	Name of judge to whom case was assigned: Judge Pall Mey e
G.	Basic claim made: Food Poisoning
Н.	Disposition of this case (for example: Was the case dismissed? Was it appeal is it still pending?):

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Malicians Prosecution: On Feb. 17, 2006 I was arrested for Possession entaid on Musch G 2006, This case was sound nolle Proseaut, without leave to "Reinstate in Which I Stated incareerated for 21 Days untill this case was Dismiss for or Nolle UN March 23 on or about. Hi's case Where Re Stated Under case No. 06-CR-7547-03, AP1/1 13,06 I Was giving a 4,000 I-130nd Un or about Feb 20, 2004 this D'smiss Sor'INO" Probable 12 or 13th months of Sighting Was no lenger able to Pay my rent Sor my appointment it, 2. I was in custody for 21 days in Violation of my Constitutional Rights. have to attendance court for about a year or more before this case was Dismiss-

4. The State octains control over me untill This case was Dismiss on or about Feb. 20. 2004 in Violation of my fourth Amendment. I was scarcely at liberty; I remained apprehended, arrested in my movement, indeed "Seized" for total, so long as I was bound to appear in court and answer the Desendant's Charges. 5. While incorcerated I had to undergo Swabing of the pen's area. Under blood testing, Sleeping on the floor, enting food that a dog wouldn't cat, being in the cell with two other detaince being mistacated by staff and detaines. The Desendant's has Ylolated my Constitutional Rights under the 4-5-8-14 Amendment - 6- BR September 27-2006 Plaintist, was Charge With a "Busglasy" While waiting toial for the possession, Pes- Plaintits had to wait untill his possession Chise was done before he can Start perpairing for his Busglosy Charge, Which tock 4-to-5 months, That would make the Plaintiff's time served for the Possession charge almost 6 months in Voolation et his constitutional Rights under the 4-5-8-14, Amendment. VI. Relief:

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like this Honorable Court, to Make
The Desendant's Pay Soo the Pain and
Sustering of the Plaintiff as well as
mental and emotional Detress in the
Sum of 350,000.00

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 24 day of OCT, 20 04

(Signature of plaintiff or plaintiffs)

And Month (Print name)

206-007-53-5

(I.D. Number)

Chicago, I.A. 60608

(Address)